

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V50653**

1. Entity Name

NUE PORT ASSOCIATES GROUP, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90056 019 ***550.00

Principal Place of Business

1000 SOUTH OCEAN BLVD. #5 N
POMPANO BEACH FL 33062

Mailing Address

1000 SOUTH OCEAN BLVD. #5 N
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0369177

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DU1UB404



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALDASSARRI, MATEUS C.G.

Name

Street Address (P.O. Box Number is Not Acceptable)

1000 South Ocean Blvd #5-N

City

Pompano Beach

FL

Zip Code

33062

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BALDASSARRI, MATEUS C.G.**
STREET ADDRESS **1000 South Ocean Blvd #5-N**
CITY-ST-ZIP **Pompano Beach FL 33062**

TITLE ☒ Change ☐ Addition
NAME **1000 South Ocean Blvd #5-N**
STREET ADDRESS **Pompano Beach FL 33062**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mateus Baldassari**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 994-5690

CR2E034 (5/00)